

State of Connecticut
Electronic Filing Test Package
Tax Year 2004
State changes are bolded

Form: CT-1040

Test: **400-00-5702**

Based off Federal Test: 400-00-1028

Name: Test O Macdonald

Home Address: (1 FIRST STREET APT 3)
City, State, and Zip: **(HARTFORD CT 06105)**

Form W-2 #1:

b. Employers identification number: (42-8765421)
c. Employers name address and Zip Code: (TURNIP TRUCK PRODUCE)

f. Employees address and Zip code: (1 FIRST STREET APT 3)
(HARTFORD CT 06105)

Box 15 State and State ID Number: **(CT 0073038-000)**
Box 16 State Wages: (30000)
Box 17 State Income tax withheld: **(224)**

Form W-2 #2:

b. Employers identification number: (42-6651220)
c. Employers name address and Zip Code: (PACK AND MOVE)

f. Employees address and Zip code: (1 FIRST STREET APT 3)
(HARTFORD CT 06105)

Box 15 State and State ID Number: **(CT 1122334-000)**
Box 16 State Wages: (7967)
Box 17 State Income tax withheld: (26)

DIRECT PAYMENT INFORMATION

ROUTING NUMBER: 211977197
BANK ACCT NUMBER: 12345678901234567
BANK ACCOUNT TYPE: CHECKING
REQUESTED PAYMENT DATE: 04/15/2005

0401100011

☐ ☐ ☐ ☐ **20** ☐ ☐
Form CT-1040 - 2004

Connecticut Resident Income Tax Return

Other taxable year, beginning:

2004

and ending:

400005702

400005751

S

Y

MFJ/QW

MFS

HH

TEST

O MACDONALD

DAISY

MACDONALD

No forms next year.

1 FIRST ST

Form CT-2210 required.

APT 3

HARTFORD

CT 06105

1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line I)	1.	41462
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)	2.	750
3. Add Line 1 and Line 2	3.	42212
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	188
5. Connecticut Adjusted Gross Income (Subtract Line 4 from Line 3)	5.	42024
6. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X)	6.	460
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	
8. Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)	8.	460
9. Connecticut Alternative Minimum Tax (from Form CT-6251)	9.	
10. Add Line 8 and Line 9.	10.	460
11. Credit for property taxes paid on your primary residence and/or motor vehicle (from Schedule 3, Line 68)	11.	284
12. Subtract Line 11 from Line 10. If less than zero, enter "0".	12.	176
13. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	13.	
14. Connecticut Income Tax (Subtract Line 13 from Line 12. If less than zero, enter "0".)	14.	176
15. Individual Use Tax (From Schedule 4, Line 69) If no tax is due, enter "0"	15.	120
16. Total Tax (Add Line 14 and Line 15)	16.	296

↑
 Clip Check or Money Order here (Do Not Staple).
 Do Not Attach W-2, W-2G, or 1099 Forms.
 ↑

0401100011

0401100011

17. Amount from Line 16 (Total Tax)

17.

296

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A		Column B		Column C
	Employer Identification Number		Connecticut Wages, Tips, Etc.		Connecticut Income Tax Withheld
18a.	428765421	•	30000		224
18b.	426651220	•	7967		26
18c.		•			
18d.		•			
18e.		•			
18f.		•			
18g.		•			

18h. Enter additional Connecticut withholding from Schedule CT-1040WH, Line 3. 18h.

18. **Total Connecticut Income Tax Withheld** (add the amounts in Column C and enter here)

18.

250

19. All 2004 estimated tax payments and any overpayments applied from a prior year

19.

20. Payments made with Form CT-1040EXT (Request for extension of time to file)

20.

21. **Total Payments** (Add Lines 18, 19, and 20)

21.

250

22. **Overpayment** (If Line 21 is more than Line 17, subtract Line 17 from Line 21.)

22.

23. Amount of Line 22 you want **applied to your 2005 estimated tax****23.****Contributions**

24a. AR

24b. OT

24c. ES/W

24d. BCR

24e. SNS

24. **Total Contributions** of Refund to Designated Charities (add amounts from Lines 24a - 24e)

24.

25. **Refund** (Subtract Lines 23 and 24 from Line 22)

For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c.

25.

XXXXXXXXXX

25a. Acct. Type ☒ Ck. ☒ Sv. 25b. Rout. # XXXXXXXXXXXX 25c. Acct. # XXXXXXXXXXXXXXXXXXXX26. **Tax Due** (If Line 17 is more than Line 21, subtract Line 21 from Line 17)

26.

46

27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10))

27.

28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01))

28.

29. Interest on underpayment of estimated tax (From Form CT-2210. See instructions, page X)

29.

30. **Total Amount Due** (Add Lines 26 through 29)**30.**

46

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your Signature

Date

Daytime Telephone Number

Spouse's Signature (if joint return)

Date

Daytime Telephone Number

Paid Preparer's Signature

Date

Telephone Number

Preparer's SSN or PTIN

(828) 524-2922

P20000441

Firm's Name, Address, and ZIP Code

FEIN

56-1494243

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name

Telephone Number

Personal Identification Number (PIN)

•

•

•

Sign Here
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	
33. Special depreciation allowance for qualified property placed in service during this year	33.	750
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero)	35.	
36. Loss on sale of Connecticut state and local government bonds	36.	
37. Allocated for future use	• 37.	
38. Other - specify •	38.	
39. Total Additions (Add Lines 31 through 38) Enter here and on Line 2.	39.	750
40. Interest on U.S. government obligations	40.	
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	
42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page X)	42.	
43. Refunds of state and local income taxes	43.	
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	
45. Special depreciation allowance for qualified property placed in service during the preceding year	45.	188
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero)	46.	
47. Gain on sale of Connecticut state and local government bonds	47.	
48. Allocated for future use	• 48.	
49. Other - specify (Do not include out of state income)•	49.	
50. Total Subtractions (Add Lines 40 through 49) Enter here and on Line 4.	50.	188

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.		
		Col. A	Col. B
52. Enter qualifying jurisdiction's name and two-letter code	52. •	•	
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X)	53.		
54. Divide Line 53 by Line 51 (May not exceed 1.0000)	54.	.	.
55. Income tax liability (Subtract Line 11 from Line 6)	55.		
56. Multiply Line 54 by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction (See instructions, Page X)	57.		
58. Enter the lesser of Line 56 or Line 57	58.		
59. Total credit (Add Line 58, all columns) Enter here and on Line 7.	59.		

Schedule 3 - Property Tax Credit Worksheet

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• WILLIMANT	• WILLIMANT	
Description of Property	• 2001FORD	• 1999VOLVO	
List or Bill Number	•	•	
Date(s) Paid	• 07/31/04	• 7/31/04	
	•	•	
Amount Paid	60. 61. 184	62. 100	
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)		63. 284	
64. Maximum property tax credit allowed		• 64. 350	
65. Enter the lesser of Line 63 or Line 64.		• 65. 284	
66. Enter the Property Tax Credit Limitation Decimal Amount (If zero, enter amount from Line 65 on Line 68.)		• 66. 0.00	
67. Multiply Line 65 by Line 66		• 67.	
68. Subtract Line 67 from Line 65. Enter here and on Line 11.		68. 284	

Schedule 4 - Individual Use Tax Worksheet

Column A	Column B	Column C	Column D	Column E	Column F	Column G
• 10/5/04	COAT		2000	120	0	120
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						

- Total of individual purchases under \$300 not listed above

69. Individual Use Tax • 69. 120

Make your check or money order payable to: "Commissioner of Revenue Services" To ensure proper posting, write your SSN(s) and "2004 Form CT-1040" on your check or money order.		
Mail to:	For refunds and all other tax forms without payment: Department of Revenue Services PO Box 5002 Hartford CT 06102-5002	For all tax forms with payment: Department of Revenue Services PO Box 2935 Hartford CT 06104-2935

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

L
A
B
E
L

H
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E

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

▲ Important! ▲

You **must** enter your SSN(s) above.Presidential Election Campaign
(See page 16.)**Note.** Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You Spouse
☐ Yes ☐ No ☐ Yes ☐ No

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

If more than four dependents, see page 18.

6a ☐ Yourself. If someone can claim you as a dependent, **do not** check box 6ab ☐ Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7
- 8a Taxable interest. Attach Schedule B if required 8a
- b Tax-exempt interest. **Do not** include on line 8a 8b
- 9a Ordinary dividends. Attach Schedule B if required 9a
- b Qualified dividends (see page 20) 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10
- 11 Alimony received 11
- 12 Business income or (loss). Attach Schedule C or C-EZ 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 14
- 15a IRA distributions 15a b Taxable amount (see page 22) 15b
- 16a Pensions and annuities 16a b Taxable amount (see page 22) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17
- 18 Farm income or (loss). Attach Schedule F 18
- 19 Unemployment compensation 19
- 20a Social security benefits 20a b Taxable amount (see page 24) 20b
- 21 Other income. List type and amount (see page 24) 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶ 22

Adjusted Gross Income

- 23 Educator expenses (see page 26) 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24
- 25 IRA deduction (see page 26) 25
- 26 Student loan interest deduction (see page 28) 26
- 27 Tuition and fees deduction (see page 29) 27
- 28 Health savings account deduction. Attach Form 8889 28
- 29 Moving expenses. Attach Form 3903 29
- 30 One-half of self-employment tax. Attach Schedule SE 30
- 31 Self-employed health insurance deduction (see page 30) 31
- 32 Self-employed SEP, SIMPLE, and qualified plans 32
- 33 Penalty on early withdrawal of savings 33
- 34a Alimony paid b Recipient's SSN ▶ 34a
- 35 Add lines 23 through 34a 35
- 36 Subtract line 35 from line 22. This is your **adjusted gross income** ▶ 36

